

Please type a plus sign (+) inside this box

1647 B
PTO/SB/21 (6-99)

Approved for use through 09/30/2000. OMB 0651-0031

Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE
Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

09/13/04

09/13/04

<p style="text-align: center;">TRANSMITTAL FORM <i>(to be used for all correspondence after initial filing)</i></p> <p></p>		Application Number	10/006,063
		Filing Date	DECEMBER 6, 2001
		First Named Inventor	KEVIN P. BAKER
		Group/Art Unit	1647
		Examiner Name	HAMUD, FOZIA M.
Total Number of Pages in This Submission	172	Attorney Docket Number	39780-2830 P1C3
ENCLOSURES (check all that apply)			
<input checked="" type="checkbox"/> FEES TRANSMITTAL FORM <input type="checkbox"/> Fee Attached	<input type="checkbox"/> Copy of an Assignment <input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition Routing Slip (PTO/SB/69) and Accompanying Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, by Assignee to Exclusion of Inventor Under 37 C.F.R. §3.71 With Revocation of Prior Powers <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Small Entity Statement <input type="checkbox"/> Request for Refund	<input type="checkbox"/> After Allowance Communication to Group <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter	<input type="checkbox"/> ADDITIONAL ENCLOSURE(S) (PLEASE IDENTIFY BELOW): <input checked="" type="checkbox"/> DECLARATIONS OF AUDREY D. GODDARD, Ph.D.; PAUL POLAKIS, Ph.D.; AVI ASHKENAZI, Ph.D.; 23 REFERENCES; and STAMPED RETURN POSTCARD
<input checked="" type="checkbox"/> AMENDMENT / RESPONSE <input type="checkbox"/> After Final <input type="checkbox"/> Version With Markings Showing Changes <input type="checkbox"/> Affidavits/declaration(s)			
<input checked="" type="checkbox"/> EXTENSION OF TIME REQUEST (1 MONTH)			
<input checked="" type="checkbox"/> INFORMATION DISCLOSURE STATEMENT WITH FORM PTO-1449 <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Response to Missing Parts/ Incomplete Application <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53 <input type="checkbox"/> Copy of Notice			
REMARKS			
AUTHORIZATION TO CHARGE DEPOSIT ACCOUNT 08-1641 FOR ANY FEES DUE IN CONNECTION WITH THIS PAPER, REFERENCING ATTORNEY'S DOCKET NO. 39780-2830 P1C3.			
SIGNATURE OF APPLICANT, ATTORNEY OR AGENT			
Firm or Individual name	HELLER EHRLMAN WHITE & McAULIFFE LLP 275 Middlefield Road, Menlo Park, California 94025	ANNA L. BARRY (Reg. No. 51,436) Telephone: (650) 324-7000	Facsimile: (650) 324-0638
Signature			
Date	SEPTEMBER 9, 2004	Customer Number:	35489
CERTIFICATE OF EXPRESS MAILING			
I hereby certify that this correspondence is being deposited with the United States Postal Service "Express Mail Post Office to Addressee" service under 37 C.F.R. §1.10 on the date indicated below and addressed to: MAIL STOP AMENDMENT , Commissioner for Patents, PO Box 1450, Alexandria, Virginia 22313-1450, on this date: SEPTEMBER 9, 2004			
Express Mail Label EL 977 678 067 US			
Typed or printed name	C. FONG		
Signature		Date	SEPTEMBER 9, 2004

Burden Hour Statement: This form is estimated to take 0.2 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Mail Stop ___, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

FEES TRANSMITTAL
for FY 2004

Effective 10/01/2003. Patent fees are subject to annual revision.

Small entity status. See 37 CFR 1.27

TOTAL AMOUNT OF PAYMENT	(\$ 290.00)
-------------------------	-------------

Complete if Known	
Application Number	10/006,063
Filing Date	DECEMBER 6, 2001
First Named Inventor	KEVIN P. BAKER
Examiner Name	HAMUD, FOZIA M.
Art Unit	1647
Attorney Docket No.	39780-2830 P1C3

METHOD OF PAYMENT (check all that apply)		FEE CALCULATION (continued)	
<input type="checkbox"/> Check	<input type="checkbox"/> Credit card	<input type="checkbox"/> Money Order	<input type="checkbox"/> Other None
<input checked="" type="checkbox"/> Deposit Account: Deposit Account Number 08-1641 (39780-2830 P1C3) Deposit Account Name HELLER EHRMAN WHITE & McAULIFFE LLP			
The Director is authorized to: (check all that apply) <input checked="" type="checkbox"/> Charge fee(s) indicated below <input checked="" type="checkbox"/> Credit any overpayments <input checked="" type="checkbox"/> Charge any additional fee(s) or any underpayment of fee(s) <input type="checkbox"/> Charge fee(s) indicated below, except for the filing fee to the above-identified deposit account.			
FEE CALCULATION			
1. BASIC FILING FEE			
Large Entity	Small Entity	Fee Description	Fee Paid
Fee Code (\$)	Fee Code (\$)		
1001 770	2001 385	Utility filing fee	
1002 340	2002 170	Design filing fee	
1003 530	2003 265	Plant filing fee	
1004 770	2004 385	Reissue filing fee	
1005 160	2005 80	Provisional filing fee	
SUBTOTAL (1) (\$)			
2. EXTRA CLAIM FEES FOR UTILITY AND REISSUE			
Large Entity	Small Entity	Fee Description	Fee Paid
Fee Code (\$)	Fee Code (\$)		
1202 18	2202 9	Claims in excess of 20	
1201 86	2201 43	Independent claims in excess of 3	
1203 290	2203 145	Multiple dependent claim, if not paid	
1204 86	2204 43	** Reissue independent claims over original patent	
1205 18	2205 9	** Reissue claims in excess of 20 and over original patent	
SUBTOTAL (2) (\$)			
*or number previously paid, if greater; For Reissues, see above			
Other fee (specify) _____			
*Reduced by Basic Filing Fee Paid			SUBTOTAL (3) (\$)
			290.00

SUBMITTED BY		(Complete if applicable)		
Name (Print/Type)	ANNA L BARRY	Registration No. (Attorney/Agent)	51,436	Telephone (650) 324-7000
Signature	<i>ANNA L BARRY</i>		Date	SEPTEMBER 9, 2004

WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.

This collection of information is required by 37 CFR 1.17 and 1.27. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.